OMB Number: 2030-0020 Expiration Date: 04/30/2021

## **EPA KEY CONTACTS FORM**

**Authorized Representative:** Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	<b>x</b> :		First Name: Sally					Middle Name:						
Last Name: Rubin									Suffix:						
Title:	itle: Executive Director														
Complete Address:															
Stree	t1: [	Great	Swamp Wate	wamp Watershed Association											
Stree	t2: [	P.O. E	300 300												
City: New Ve		New Ve	rnon			State:	ate: NJ: New Jersey								
Zip / Postal Co		Code:	: 07976-0300			Country:	y: USA: UNITED STATES								
Phone I	Phone Number:		973 538-3500			Fax Number:									
E-mail A	E-mail Address:		srubin@greatswamp.org												
Payee: Individual authorized to accept payments.															
Name:	Name: Prefix: First Name: Sally								/liddle Name:						
	Last	Name:	Rubin						Suffix:						
Title:															
Complete Address:															
Stree	t1:	Great	Swamp Wate	rshed Association											
Stree	t2:	P.O. E	300 300												
City:	[1	New Ve	rnon		;	State:	NJ: New Je	rsey							
Zip / Postal Code:		Code:	07976-0300			Country:	USA: UNIT	ED STATES	TES						
Phone Number:		er:	973 538-35	00		Fax Number:									
E-mail A	Addre	ss:	srubin@gre	atswamp.org											
			ntact: Indiv	idual from Sponsored	Progra	ams Offic	ce to contact	concerning	administrativ	re matters (i.e., i	ndirect cost				
	•	<i></i>	dageting req	· · · · · · · · · · · · · · · · · · ·											
Name:		· ·	First Name: Sally						Middle Name:						
Last Name: Rubin															
Title:	Exec	cutive	Director												
Comple	te Ad	dress:													
Stree	L	Great	Swamp Wate	rshed Association											
Stree	t2:	P.O. E	300 300			г									
City: New Vernon							NJ: New Je	rsey							
Zip / Postal Code:			07976-0300			Country:			TES						
Phone Number:			973 538-35	00			Fax Numb	<u>er:</u>							
E-mail Address:		srubin@gre	atswamp.org												

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## **EPA KEY CONTACTS FORM**

**Project Manager:** *Individual responsible for the technical completion of the proposed work.* 

Name:	Prefix:			First Nam	e: N/A					Middle	Name:		
	Last Na	me:	N/A								Suffix:		
Title:													
Complete Address:													
Street	i <b>1:</b> N/	Α											
Street	2:												
City:	N/	Α				State	: NJ	: New Je	rsey				
Zip / Postal Code:		N/A			Cour	try: 🛭	SA: UNIT	ED STATI	ES				
Phone Number:			N/A				<u> </u>	ax Numb	er:				
E-mail Address:													

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Tracking Number:GRANT12828520